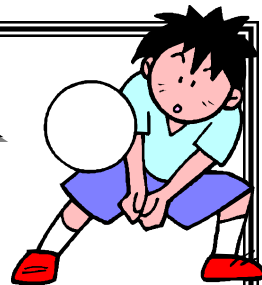
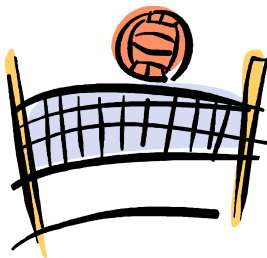


# Intramural Volleyball



**Boys & Girls Grades 5th & 6th**  
**Mondays, Oct. 20, 27, Nov. 3, 10, 17, 24**  
**3-4pm in the NHS Gym**  
**\$60 for 6 weeks**



**Nate Hooper, NHS AD & Phys. Ed teacher & UNH intern Dane Nielson, are beginning an after-school in-house volleyball league for all interested 5th & 6th grade boys & girls.**

-----please cut below and save top half for your records-----

Participants Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**PROGRAM REFUND POLICY:** Refunds will be made if program is cancelled, filled or if department changes in offerings prohibit your attendance.

**PARENTAL PERMISSION AND WAIVER FOR CHILDREN UNDER 18 YEARS OF AGE- UNSIGNED WAIVERS WILL BE REJECTED:** My son/daughter as registered, has my permission to participate in the above named program, Intramural Volleyball. I further release, absolve, indemnify and hold harmless the North Hampton Recreation Department staff and The Town of North Hampton, in the event of injury to my son/daughter. In the event of an emergency requiring medical attention, I authorize that if necessary a qualified physician give medical attention to my child in the event that I cannot be reached.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to be photographed for the town web site & the media. YES NO

Please mail registration form to: North Hampton Recreation, 233 Atlantic Ave, No. Hampton, NH, 03862

**NOT SCHOOL SPONSORED**

